

Tobacco Dependency Intervention Chart Audit

Agency:
 Clinic:
 Auditor:

Start date:
 End Date:

Pt ID	Provider ID	Diagnostic Code	Tobacco User?	Tobacco ID Method	Tobacco ID Frequency	Advice to Quit Documented
			Yes No Unknown	VS Stamp Intake Form Chart Sticker Other None	Not Applicable Intake Only Each Visit Intermittent Not Identified	Not Applicable Provider Notes Nursing Notes Other Documentation None
			Yes No Unknown	VS Stamp Intake Form Chart Sticker Other None	VS Stamp Intake Form Chart Sticker Other None	Not Applicable Provider Notes Nursing Notes Other Documentation None
			Yes No Unknown	VS Stamp Intake Form Chart Sticker Other None	VS Stamp Intake Form Chart Sticker Other None	Not Applicable Provider Notes Nursing Notes Other Documentation None
			Yes No Unknown	VS Stamp Intake Form Chart Sticker Other None	VS Stamp Intake Form Chart Sticker Other None	Not Applicable Provider Notes Nursing Notes Other Documentation None
			Yes No Unknown	VS Stamp Intake Form Chart Sticker Other None	VS Stamp Intake Form Chart Sticker Other None	Not Applicable Provider Notes Nursing Notes Other Documentation None

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 Arizona Board of Regents.